OPTIONAL
Reduced Service Charge Request Form

To request a reduction in your service charge, simply tear out, complete and mail or fax this form to our office. NOTE: This form is *NOT REQUIRED* to receive service. It is used ONLY to determine eligibility for a reduced service charge based on uniform guidelines.

Full Name _____

2nd Person's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Work (_____) _____

*Required by government funding for statistical purposes only.

Date of Birth*_____/_____/_____ Marital Status* (circle) Married Single Divorced Widowed

Race/Ethnicity* (circle) Caucasian African-American Hispanic Asian American Indian _____

Household Income (Monthly) *Include income for all household members who share meals:*		Household Expenses (Monthly) *How much do you pay for the following?*	
Wages	$_____	Housing: (Rent or Mortgage)	$_____
Retirement	$_____	Medical Insurance	$ _____
Social Security/SSI	$ _____	Medical (Out of Pocket)	$ _____
Food Stamps/SNAP	$_____	Prescriptions (Out of Pocket)	$ _____
Medicaid:	$ _____	Utilities	$_____
Investment/Dividend	$_____	Other Expenses	$_____
Monthly Total	$ _____	Monthly Total	$ _____

Are meals provided in your building? _____ *Yes* _____ *No*

Do you have any disabilities? ____ *Yes* ____ *No* *If yes, please explain below:*

_____

This form is OPTIONAL and only needs completion if you would like to apply for a reduced service charge. I hereby certify that the above information is true and correct to the best of my knowledge.

_____ _____

Signature **Return to** Date

Top Banana Home Delivered Groceries, Inc.

14100 Brandywine Road, Brandywine, Maryland 20613 ● 301-372-3663

Office use only:
Service Fee Amt _____ Date _____ Authorizing Staff _____ Called [ ] Letter sent [ ]